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Hispanic Aging

Issues in Research and Communication



ANTHONY RUSSO

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The National Institute on Aging (NIA) gratefully thanks Anthony Russo for his permission to reprint his illustration for this publication. His generosity furthers NIA's health promotion and disease prevention efforts in the Hispanic community. The illustration first appeared with a story about the NIA Hispanic media conference published in *La Familia de Hoy*.

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Preface

2

Conference Reports

Developing Strategies for Information Dissemination
to the Older Hispanic Population 4

Setting a Research Agenda on Hispanic Aging 22

Working With the Hispanic Media to Communicate
Health Information to Older Hispanics 40



Preface

Hispanics are the fastest growing segment of the 65-and-older age group of the United States. In order to determine the health information needs of these older Hispanics and to find ways of meeting those needs, the National Institute on Aging (NIA) and the Administration on Aging (AoA) held three conferences over the course of 8 months. “Developing Strategies for Information Dissemination to the Older Hispanic Population” was held December 5-6, 1990; “Setting a Research Agenda on Hispanic Aging” was held February 20-21, 1991; and “Working with the Hispanic Media to Communicate Health Information to Older Hispanics” was held July 26, 1991.

Hispanic Aging: Issues in Research and Communication contains conference proceedings and participants’ recommendations. “Developing Strategies for Information Dissemination to the Older Hispanic Population,” summarizes the first conference, which was attended by health and social service providers from Hispanic communities around the Nation. It presents the meeting’s discussions and highlights 13 recommendations addressing the health-related problems, beliefs, and attitudes of older Hispanics. Participants suggested that programs providing health information to older Hispanics focus on those who are poor, less acculturated, monolingual, and most in need of services and information. The recommendations also address cultural barriers to communication such as language and customs, perceptual barriers such as inadequate knowledge of services, and structural barriers such as cost of services and lack of transportation.

“Setting a Research Agenda on Hispanic Aging,” describes the second conference. The participants at this meeting, all researchers on Hispanic health issues, addressed problems such as diabetes mellitus, cardiovascular and cerebrovascular disease, Alzheimer’s disease, and depression, as well as services to prevent, diagnose, and treat these conditions. These experts recommended a variety of measures to enhance research in this field, including designing longitudinal studies with multiple sites, creating and maintaining a database of research studies, and developing more



sensitive measures of acculturation. Concerning Alzheimer's disease, participants recommended that epidemiologic data be collected, that occupational and environmental risk factors be investigated, and that needs of caregivers of Hispanics with Alzheimer's disease be explored.

Recommendations from the third conference evolved from the earlier meetings. Participants of "Working with the Hispanic Media to Communicate Health Information to Older Hispanics" focused on the efficacy of media stories with a Hispanic angle, the value of good translations, the use of neutral Latin American Spanish, the importance of radio and television as communication channels, and the organization of special events, as well as on other issues of importance to older Hispanics.

Hispanic Aging: Research Reports contains papers presented by conference participants. It is available as a companion to this report. Part I includes papers from "Developing Strategies for Information Dissemination to the Older Hispanic Population," and Part II includes the papers from "Setting a Research Agenda on Hispanic Aging."

Delivering health information and services to those who need it the most is a challenge for health professionals across the Nation. These conferences were, indeed, only the beginning of an effort to reach older Hispanics. We hope that the ideas developed in these meetings will be shared, contributing to better health—and overall quality of life—for older Hispanics across the Nation.



Developing Strategies for Information Dissemination to the Older Hispanic Population

Overview and Summary of Conference December 5-6, 1990

About a million Hispanic people aged 65 and older live in the continental United States, and this population is expected to quadruple by 2020. Hispanics are the fastest growing group in this age range. According to the Commonwealth Fund Commission:

- Twenty-two percent of Hispanic people over age 65 live below the Federal poverty line, compared with 12 percent of all older people.
- Fifty-four percent reported less than good health, compared with 35 percent of all older people.
- Only 16 percent are reached by social services. Of the remainder, one-fifth report a need for such services.

This picture of poverty, poor health, and isolation from mainstream social services is tempered by much diversity within and among different groups of Hispanics. Nevertheless, many older Hispanics clearly are confronted by multiple problems. The Commonwealth Fund study concluded that “a great number face a daily struggle, living on limited incomes and coping with poor health.”

One of the urgent needs of older Hispanics is more and better information about health and social services than they are now getting. Lack of information is not the only barrier to improving health and obtaining needed services. However, communication does play an important role. An information dissemination program can, for example, increase knowledge of existing services, raise awareness of good health practices, and influence attitudes toward preventive care—all prerequisites to actual changes in behavior.

To explore ways to meet older Hispanics’ need for more information, the National Institute on Aging (NIA) and the Administration on Aging (AoA) convened a conference that brought together experts representing Hispanic health and social service professionals, voluntary agencies, the Hispanic media, and the major Hispanic groups in the United States. Appendix A provides a list of those who participated.



Four Major Questions

The purpose of the workshop was to obtain expert advice on how to make information, particularly health promotion and disease prevention information, meaningful and accessible to the older Hispanic population. Discussion centered on four major questions:

- To what target audiences would it be most effective to disseminate information for the older Hispanic population?
- What are older Hispanics' beliefs and attitudes related to health?
- What health problems and issues are of particular importance to older Hispanics, and what barriers exist to accessing information about these problems?
- What communication strategies are most likely to be effective in disseminating information to older Hispanics?

Answers to these questions, reached over 2 days of discussion, are presented here in the form of 13 major recommendations. Each recommendation is followed by its rationale. The rationales draw not only on the discussion, but also on papers that participants prepared specifically for the workshop. These are listed in the bibliography and referenced throughout the text.

Target Audiences

While older Hispanics may in general tend to be poorer, less healthy, and less in touch with mainstream services than other older Americans, they are not a homogeneous group. Diversity exists both among and within groups, the largest of which is Mexican Americans, followed by Cuban Americans and Puerto Ricans. Each has its own culture and traditions. Sizable groups of Central and South Americans also live in the United States. Within each group, moreover, there are differences in socioeconomic status, levels of acculturation, and other factors.

Workshop participants identified several target audiences for information dissemination. These included primary audiences (those for whom the information is intended) and secondary audiences (those who interact with the primary audience and could be effective conduits of information).

Recommendation 1

The primary audience for information dissemination efforts should be the poor, less acculturated, and mostly Spanish-speaking segment of this population.

Recommendation 1

Found among all the major Hispanic groups in the United States, this segment of the older population is the least likely to be linked with mainstream services. Older Hispanics frequently lack information about what services exist. In Brooklyn, for example, a survey by the Spanish Speaking Elderly Council found that older Hispanics in that community are "virtually ignorant of existing programs, benefits, and entitlements available to the aged."



Moreover, even when older Hispanics know about Supplemental Security Income (SSI), senior centers, or meals on wheels, these services are often inaccessible to them because of language or cultural barriers. Most such services have made little effort to reach this population.

Older Hispanics' isolation from mainstream culture and services is compounded by their generally low education and reading levels, in both Spanish and English. According to the Commonwealth Fund Commission, nearly three-quarters of older Hispanics in the United States have received an eighth-grade education or less, twice the proportion among all people in the United States over age 65.

Other groups to consider targeting are migrants and new immigrants, for example, Central American refugees, some of whom have special health problems such as tuberculosis.

Recommendation 2

Secondary audiences should include (a) informal, community-based networks, (b) families, (c) health care providers, and (d) the aging network.

Community-based networks. Many older Hispanics tend to rely more on informal community-based networks than on government-provided services. Churches and church activities, especially, play an important role in the lives of many older Hispanics and have a great deal of influence with this population (see Recommendation 7). Grass roots self-help organizations may also be influential in some places.

Families. Traditionally, the extended family is an important source of support to older and younger Hispanics. According to the Commonwealth Fund survey, Hispanics over age 65 are more likely than their counterparts in the general population to live with children, siblings, other relatives, or unrelated people.

Hispanic social support systems may extend well beyond the nuclear family. One participant wrote that

“Hispanic societies are, in general, family oriented, where kin links are maintained for three or four generations. Our strong familial networks involve reciprocal relationships that go far beyond actual needs. The family is still the institution upon which the elderly depend much more than on formal services. The social support networks in Hispanic societies often include neighbors and friends as well.”

Several participants noted that, in some cases, traditional family patterns are being disrupted as younger family members become acculturated and that this contributes to older Hispanics' feelings of depression. In Dade County, Florida, for example, older Hispanics increasingly find themselves without traditional family support, as children and grandchildren move to the suburbs and young and middle-aged women, the traditional caretakers, get jobs.



In the Mexican American community, the *campadre* (godfather) or *cammadre* (godmother) is important to families. "When you baptize the child, you become almost a relative," noted one participant. "It's kinship."

Younger members of Hispanic families may be an important link between older members and formal service providers. Younger Cuban Americans in Florida were reported to feel that one of their roles in the family was locating an agency that could help an older relative. The same role was reported for Puerto Ricans in New York. Participants agreed that if younger family members had health and social service information, they could and would provide it to older members of the family.

Workshop participants also emphasized that respect for elders is a tradition and a strength in Hispanic families. "Somehow or other, we have to take that traditional view and use it as an entry point for this type of health information."

Health care providers. All health professionals who work with Hispanics need information about older Hispanics' needs. This includes Hispanic primary care physicians and health institutions. Information should also be targeted to the mainstream health organizations, such as the American Diabetes Association and the American Cancer Society, so that they in turn can disseminate culturally relevant information.

Workshops for health professionals, especially storefront doctors and home care workers, were suggested. Such courses should be brief, held locally, and carry continuing medical education (CME) credit.

The aging network. Most Area Agencies on Aging, the American Association of Retired Persons, and other organizations for older persons have not attempted to reach out to Hispanics. These organizations also need to become more aware of ways to make their services accessible and culturally relevant.

Health Beliefs and Attitudes

Older Hispanics are concerned about health. In a national needs assessment conducted by the Asociación Nacional Pro Personas Mayores (ANPPM) in 1978-80, Hispanic seniors rated health as their major problem, followed by income and mental health. Moreover, several studies suggest that older Hispanics view their health as generally poorer than that of the non-Hispanic white population.

These and other attitudes must be taken into account when fashioning a communications program. Health beliefs, attitudes, priorities, traditions, fears, and taboos affect health behavior and the reception of health messages in all populations.

Recommendation 3

Information dissemination programs should be sensitive to older Hispanics' (a) views of the formal medical care system, (b) fear of disability and institutionalization, (c) fatalism about aging, (d) concepts of dignity and self-reliance, and (e) coping strengths inherent in their orientation toward family and peers.

Recommendation 3



Views of the medical care system. Older Hispanics tend to think of health care exclusively in terms of treatment, not prevention, and to think of physicians as a last resort even when it comes to treatment. Modesty often keeps women from going to male physicians.

Older Hispanics may distrust government institutions of any kind because of their historical difficulties with the U.S. Border Patrol and Immigration and Naturalization Service. An exception to this distrust, at least in some communities, is a generally positive attitude toward public health clinics. In Hispanic cultures, these are accepted sources of services such as immunizations.

Fear of disability and institutionalization. Older Hispanics value their independence. They fear having to leave their families and live alone in an institution, particularly an English-speaking institution. According to participants, this concern, could be an important motivator. “If we can send some positive messages about prevention—how you can avoid being institutionalized—it would be very useful.”

Fatalism. Many older Hispanics view health problems as an inevitable consequence of aging and do not think they can prevent them. “After a certain age, you’re too old to do anything” is a common feeling.

Moreover, many Hispanics who are actually middle aged think of themselves as old, especially when they can no longer get jobs in physically demanding occupations. One participant mentioned a study on the West Coast showing that Mexican Americans perceive old age to start around 42, in contrast to Anglos who see it beginning at about 65 plus.

Dignidad. Older Hispanics often resist asking for help from organized health and social services. They take pride in self-reliance. The traditional Cuban family, for example, “was not raised to rely on social services unless they were totally economically deprived. They do not like to allow ‘strangers’ into the home. They do not like to discuss ‘family’ business with strangers.”

Hispanics may also react strongly to condescending or demeaning attitudes on the part of health and social service providers. For example, in the survey conducted by the Spanish Speaking Elderly Council of Brooklyn, many older Puerto Ricans reported not using services because they felt discrimination on the part of providers.

“Knowingly or not, service providers were violating a central cultural value of the Puerto Rican aged—*respeto* (respect). The clients’ response to this stress and perceived discrimination also followed cultural patterns. When insulted, the Puerto Rican older adult responds and attempts to retain *respeto* (respect) and *dignidad* (dignity) by withdrawing.... They saved face by vowing never to return to those programs.”

Coping strengths. Older Hispanics are social; they want to share information and stories with their peers and with the younger generation. This orientation has encouraged peer counseling approaches in some programs. For example, the



ANPPM's Project Ayuda trains older Hispanics to work in community-based agencies, providing information and referral about health topics to other Hispanic elders.

More programs could build on this model. As one participant put it, "Our seniors are always willing to give to somebody else. You will never get them to talk about their own pains, their own problems, but if you get them in a group environment, they are willing to reach out. We have to build on that."

Health Problems and Barriers

The leading causes of mortality among Hispanics are the same as those among the general population: cardiovascular disease and cancer. However, objective data concerning morbidity are sparse. Diabetes mellitus is reported to be more than three times as prevalent among Hispanics as among the general population. In addition to diabetes, frequently reported health problems are arthritis, cardiovascular disease, hypertension, cognitive impairment, depression, dysphoria, and cerebrovascular disease.

Recommendation 4

Programs should consider addressing important health concerns and issues among older Hispanics, including diabetes, nutrition, disability, and depression.

Diabetes. Participants noted that diabetes is associated with other significant health issues, including nutrition and obesity. Its complications, such as foot and eye problems, contribute to disability.

Nutrition. Poor nutrition is related to cardiovascular problems as well as to diabetes and obesity. One influence on nutrition among Hispanics is acculturation, which often leads to increased consumption of fast foods and high-fat foods.

Disability. Compared to the general population of older people, more than twice as many older Hispanics report problems with activities of daily living. Arthritis and visual problems are associated with disability.

Depression. Older female Hispanics appear to be at higher risk of depression, although little firm data are available. Loneliness, isolation, and the disruption of traditional family lifestyles may be associated with depression. When depressed, most older Hispanics are much more likely to turn to family and peer networks than to mental health professionals.

Recommendation 5

Programs should address cultural and educational barriers, including language and low reading levels. Well-designed information dissemination programs may be able to overcome cultural barriers. Other barriers, such as cost or lack of services, are more problematic. (See Other Major Issues, below.)

Recommendation 4

Recommendation 5



Language. Information must be in Spanish for the primary audience—the poorer, less educated, and less acculturated older Hispanic. Among those who are poor, 43 percent speak only Spanish compared with 24 percent among those who are not poor.

Participants cautioned that translations of existing materials were not enough:

“We have to look at the very unique population groups...at the educational levels...at folk beliefs.... Basic health information dissemination has been done very poorly to the Latino community historically in this country; what it has amounted to is mainline organizations and mainline institutions taking literature in English and translating it into Spanish. And essentially it just doesn’t work.”

For secondary audiences, such as family members and Hispanic health care professionals, bilingual information may be effective.

Low reading levels. Low educational levels among poor older Hispanics suggest that nonprint materials and channels may be more effective ways to reach this population. Among Hispanics who cannot read English, an estimated 88 percent also cannot read Spanish.

Communication Strategies

Choosing the channels, message formats, spokespersons, and messages most appealing and relevant to older Hispanics (and secondary target audiences) is important in designing effective communications.

Recommendation 6

Interpersonal and mass media channels (Hispanic television, radio stations, and print media) should be used to reach older Hispanics.

Personal contact. Interpersonal communication is the best way to reach older Hispanics, for whom *personalismo* is an important value; its implication for health and social services was described by one participant:

“One must establish ties before accepting the social service. In this light, the social service provider becomes a focus for socialization (conversation, companionship, reassurance). Many providers who realize this and who are willing to socialize, for example, doctors who chat, social workers who visit or call frequently on the phone, find that older Cubans become more and more dependent on them and not necessarily for the primary services they render. Many clinics offer refreshments in their waiting rooms since the office call becomes a social visit. The clientele is attracted by the overture since it resembles the setting of a social call.”

Examples of programs based on interpersonal communications include peer counseling, door-to-door contacts, and health counselors in emergency rooms and SSI offices. Barbers, hairdressers, and grocers could also help disseminate information.



In addition, pharmacists are important and trusted sources of health information in Latin America and in many United States Hispanic communities.

Spanish-language television. The next best channel for information dissemination is television. *Sabado Gigante*, a Saturday-night program with music, celebrities, games, and more, is a good example of the kind of TV show popular with older Hispanics. *Telenovellas* (soap operas) may also be good vehicles. It was suggested that Hispanic food advertisers might be interested in incorporating health messages into their commercials, following the Kellogg's/National Cancer Institute model.

Spanish-language radio. Radio is also popular with many older Hispanics, who may listen early in the morning or at other nonprime times. Some insight into older Hispanics' use of radio is provided by a survey of listeners conducted by *Radio Bilingue*, the only Latino nonprofit radio network service in the United States and the only national Latino production center. *Radio Bilingue* found that the older the listeners, the more likely they were to have listened to the station in the preceding 24 hours and the more likely to listen often—from 2 to 8 hours a day. Not one person in this age group, among those surveyed, had not heard of *Radio Bilingue*. Older respondents stressed that they liked the information offered by *Radio Bilingue* and its music.

It was suggested that a successful radio program could be fairly long (an hour) and should include music and other entertainment as well as health information. In addition to music programming, call-in and talk shows are popular among older Hispanics and at *Radio Bilingue* have proved a good vehicle for conveying information.

Printed materials. Well-designed print materials may be effective in reaching families, an important secondary audience. The slick magazines available in physicians' waiting rooms were mentioned as an example. Printed materials for secondary audiences also could include directories and maps of local services.

Recommendation 7

Community channels, particularly churches and informal networks, should be used.

Recommendation 7

Churches. Health information conveyed through sermons or other activities associated with the church may be highly effective in reaching older Hispanics, many of whom are regular churchgoers. One example of church involvement comes from the Raices program of the Spanish Speaking Elderly Council of Brooklyn:

“Ministers, reverends, and priests have allowed the program to disseminate information in the church, included Raices material in church bulletins, and allowed the program to address the congregation during services. The ‘blessing’ of a local religious leader gives the program instant credibility and access to church members.”



Other programs through churches also have been successful. One participant described an information dissemination program that took place in church immediately after mass, providing congregation members with material on social services to which they were entitled.

Informal networks. Other informal, community networks may also be effective conduits of information, particularly in the context of interpersonal communication. Again, Raices offers an example of a program that uses such channels:

“Local Hispanic merchants, particularly *bodegas* (grocery stores), barber shops, beauty parlors, and religious institutions have proven to be excellent sources for dissemination of material and outreach. The *bodegueros* (grocers) have assisted outreach efforts by identifying individuals in need and by distributing written material. Barber shops and beauty salons are good sources for word-of-mouth advertisement. A recommendation from a local barber has usually proven to be beneficial.... Raices has received more support from local *botánicas* (herbal medicine shops) than from formal health care providers.”

Other community networks that might be used to reach older Hispanics include groups that meet to play bingo or lotto. Also noted as possible dissemination points were health fiestas or fairs, public health clinics, and SSI offices.

Recommendation 8

Information dissemination programs should use audiovisual materials to convey messages to older Hispanics and should incorporate music and dance often.

Audiovisual materials. Videos and films are especially important vehicles for this population with its lower reading levels and, sometimes, limited vision. Videotapes to play on VCRs in clinic waiting rooms could be effective. Audiocassettes should be developed. Training videotapes for health and social service professionals are also needed.

Music and dance. These are important in Hispanic culture and tradition and should be incorporated in communications whenever possible. Traditional music may be especially popular with some older Hispanics. Participants stressed the importance of incorporating music into radio programs designed to appeal to older Hispanics.

Recommendation 9

Celebrities familiar to older Hispanics should be used as spokespersons.

Spokespersons are essential in communication. Names mentioned include Surgeon General Antonia Novello, Don Francisco from *Sabado Gigante*, Manuel Chivargas, Edward Olmos, Lydia Mendoza, and Tito Puente.



Recommendation 10

Recommendation 10

Emphasize the nutritional value of traditional Hispanic foods.

Some traditional foods, such as beans and rice, are low in fat and high in nutrients. Messages that encourage older Hispanics to return to or reemphasize these traditional foods could be appealing and effective.

Recommendation 11

Recommendation 11

Urge preventive care to avoid disability and medications and maintain independence.

Because the details of day-to-day survival are of uppermost concern to many older Hispanics, prevention messages may seem irrelevant to them or at least of secondary importance. However, the possibility of disability and institutionalization is also a major concern. Therefore, messages emphasizing that health promotion and disease prevention practices can help prevent disability and maintain independence could have special meaning and relevance to older Hispanics.

Recommendation 12

Recommendation 12

Inform older Hispanics of existing services and how to gain access to them.

Few existing services for older people have attempted to reach out to the Hispanic community. As a result, there is a definite need for more information among Hispanics on what services and entitlements are available to older people.

Recommendation 13

Recommendation 13

Encourage attitudes and practices that do not require institutional support.

Older Hispanics value *dignidad* (dignity) and self-reliance and are more likely to turn for help to informal support networks than to formal institutions. Therefore, messages that promote independent health behaviors may be appealing. Other messages that could be effective include those that recognize the "natural volunteerism" that happens informally in many Hispanic communities, the wish to socialize and to share, and the use of informal networks.

Other Major Issues

Several other themes recurred throughout the 2 days of discussion.

These included:

- Recognition of barriers to improved health for older Hispanics.
- Need for ongoing efforts rather than a one-time campaign.
- Need for coalition building.
- Need for a stronger Hispanic representation at the NIA.



Barriers

Effective information dissemination programs can often overcome cultural barriers such as language or perceptual barriers such as lack of knowledge of services. But for maximum effectiveness, communications programs should be carried out in conjunction with community-based programs, which can provide access to preventive health care services. For example, if affordable and accessible diabetes screening services are not available, messages urging older people to be tested for diabetes will not do much good and may create frustration and skepticism. On the other hand, participants noted, information programs that create a high demand for services that don't exist may ultimately influence policy makers to provide those services.

Ongoing Efforts

Participants emphasized that a one-time communications initiative cannot accomplish a great deal by itself. Information dissemination campaigns must be ongoing efforts conducted in conjunction with community-based programs.

Coalition Building

It is important to build coalitions among organizations concerned with Hispanics, aging, major diseases such as diabetes, and other areas that have an impact on the health and well-being of older Hispanics.

Hispanic Representation at NIA

Very few Hispanics are among the staff at NIA or serve on the scientific review panels. This problem needs to be addressed.

Developing a Health Communication Plan

The workshop on “Developing Strategies for Information Dissemination to the Older Hispanic Population” contributed significantly to a planning process that has been initiated by the NIA and the AoA. The workshop’s recommendations will form the framework for a plan to reach older Hispanics with health information that is useful, meaningful, and culturally relevant.

The planning process consists of six major stages.

1. *Identifying the problem and setting goals and objectives.* This stage includes an assessment of the information needs of older Hispanics. Once a clear picture of the problem has been obtained, specific and concrete goals and objectives can be formulated.
2. *Identifying the audience.* Effective communications must be based on an understanding of the target audience, including its demographics and knowledge, attitudes, beliefs, and behaviors related to health and social services.

Audiences are often divided into segments, or subsets, with similar characteristics, which may be based on such factors as national origin (for example, Mexican Americans), socioeconomic factors (for example, the poor and less educated), geography (for example, inner city), or a combination of factors.

Communication plans often designate primary and secondary target audiences as well. A primary audience is the group that the program is intended to serve (for example, older Hispanics) while the secondary audience can be groups that influence them (for example, their families).

How well the audience is understood determines the success of the next two stages.

3. *Selecting appropriate channels.* People prefer to receive information in different ways. Depending on audience preferences, information can be disseminated through the mass media, community channels such as churches or neighborhood groups, or interpersonal, face-to-face communications. Often a combination of channels is effective.
4. *Selecting appropriate materials and messages.* Here, too, the choice depends on the audience. Materials must be appropriate to the channels selected and be culturally relevant; messages must appeal to audience concerns, needs, and wants. Materials and messages should be pretested by members of the target audience to help ensure that they will be effective.
5. *Implementation planning.* The communication plan should outline how the materials will be disseminated and address resource issues, including costs. Communication programs often are implemented with the help of intermediary groups, which are usually organizations whose members are in direct contact with the target audiences. The organizations' access to and credibility with the audience can increase the reach and impact of a program's materials.
6. *Evaluation planning.* Evaluation, which should be built into the planning process from the beginning, is of two kinds. Process evaluation tells how the program is progressing (for example, how many radio messages have been aired). Outcome evaluation tells what result the program is having (for example, how many more older Hispanics are being screened for diabetes).

■ ♦ ♦ ♦

APPENDIX A

Participants and Agenda

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Agenda

Wednesday, December 5, 1990

9:00 a.m. - 10:00 a.m.	Welcome – Dr. Manuel R. Miranda Welcoming Remarks – Dr. T. Franklin Williams Welcome – Dr. Alfred Duncker Panel Members and Facilitator Self-Introductions Comments – Dr. Miranda NIA Public Information Program Overview – Ms. Jane E. Shure Purpose of Meeting and Charge to the Group – Ms. Shure
10:00 a.m. - 10:45 a.m.	Developing a Health Communication Plan – Dr. Rina Alcalay Identifying Target Audiences – Participants
10:45 a.m. - 11:00 a.m.	Break
11:00 a.m. - 12:00 noon	Identifying Target Audiences (continued) Review – Dr. Alcalay
12:00 noon - 1:00 p.m.	Lunch
1:00 p.m. - 3:00 p.m.	Health Belief Profiles of Older Hispanics – Participants Review – Dr. Alcalay
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 4:30 p.m.	Health Status of Older Hispanics – Participants Review – Dr. Alcalay
4:30 p.m. - 5:00 p.m.	First Day Summary and Plans for Second Day – Dr. Alcalay



Agenda (continued)

Thursday, December 6, 1990

9:00 a.m. - 10:15 a.m.	Communication Strategies in Disease Prevention and Health Promotion for Older Hispanics – Participants
10:15 a.m. - 10:30 a.m.	Break
10:30 a.m. - 12:00 noon	Communication Strategies (continued) Review – Dr. Alcalay
12:00 noon - 1:00 p.m.	Lunch
1:00 p.m. - 2:00 p.m.	Wrap up – Dr. Alcalay
2:00 p.m. - 2:30 p.m.	Panel Recommendations to NIA/AoA
2:30 p.m. - 3:00 p.m.	Meeting Summary and Next Steps – Dr. Miranda and Dr. Duncker
3:00 p.m.	Adjournment



APPENDIX B

Bibliography

Both can be used as feedback to refine the program and make plans for new efforts.

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Setting a Research Agenda on Hispanic Aging

Overview and Summary of Conference February 20-21, 1991

Despite the size and rapid growth of the older Hispanic population in the United States, information on its health status and use of services is sparse. Few States collect health data by ethnic group. The Federal Government's major survey of Hispanic health, the Hispanic Health and Nutrition Examination Survey (HHANES), included only a small sample of persons over age 65 and no persons over age 74. Although smaller studies exist, numerous research needs remain unmet.

To assist in developing a research agenda on the Hispanic elderly, the NIA and the AoA convened a workshop with researchers in this field. Appendix A contains a list of participants. The purpose of the workshop was to identify key research needs in the older Hispanic population, particularly as this research applies to health status, health services utilization patterns, and social support networks. Special attention was given to culturally appropriate research questions and their methodological frameworks.

This report focuses on the recommendations that emerged from workshop papers and presentations and the 2 days of discussion. It is divided into the following sections:

- Health status.
- Utilization of services.
- Alzheimer's disease.
- Social supports.
- Intergenerational relationships.
- Qualitative research.
- Other issues.

Health Status

Objective data on the health status of older Hispanics are sparse. The limited HHANES data collected for this age group suggest that diabetes mellitus rates are



higher among Mexican Americans than among non-Hispanic whites, while arthritis, hypertension, and heart disease rates appear to be equal to or lower than those of the general population. One follow-up study found hypertension rates to increase with acculturation. Other research data suggest that infectious diseases, such as pneumonia and urinary tract infections, are relatively high among older Hispanics.

Regarding mental health status, recent data show that depression and dysphoria associated with physical disability are more prevalent among older Hispanics than among older non-Hispanic whites. One study suggests that older Mexican American women may have higher rates of depression than their male counterparts.

Other data have been collected primarily through self-identification and self-evaluation questionnaires administered to a relatively small number of respondents. According to these, Hispanics are more likely to report poor health than are non-Hispanic whites. Major medical problems reported include arthritis, diabetes mellitus, cardiovascular disease, hypertension, cognitive impairment, depression, dysphoria, and cerebrovascular disease.

Findings related to gender differences in health status are contradictory. One study of retired Hispanics found a higher degree of disability among men than among women, while another found the health of older women to be significantly worse than that of men.

Evidence is emerging that older Hispanics may be more functionally and mentally impaired than non-Hispanic whites upon admission to nursing homes. The proportion of Hispanics in extended-care facilities is lower than that of non-Hispanic whites, but, given the rapid growth of this population, the ratios may change.

To design research among older Hispanics, researchers in this area should have a basic working knowledge of the principles of geriatric medicine. They should also be familiar with the latest theories in gerontology and anthropology because such variables as levels of poverty and acculturation can have a significant effect on results. Researchers also must have a firm understanding of medical research methodology. Participants generally agreed that acculturation scales need to be improved.

Recommendations

Study in depth two or three single diseases that have a serious impact on older Hispanics. Basic epidemiologic data are needed on the major health problems of older Hispanics, such as diabetes, depression, and cerebrovascular disease. This research should also explore the relationship of the diseases to disability, their differing impacts on various Hispanic subgroups, and gender differences.

Examine the role of genetics in diabetes among Hispanics by studying the relationship of Native American ancestry to diabetes rates. Diabetes rates are high among some Native American peoples as well as among Hispanics, suggesting that a genetic factor may be involved. Whether or not Hispanics with American Indian ancestry are at higher risk of diabetes than other Hispanics should be explored.

Recommendations



Design longitudinal (minimum 5 to 7 years) epidemiologic studies, and use multiple sites for large research initiatives. Longitudinal studies can be expected to yield the most valuable results, while use of multiple sites helps to avoid the dangers of generalizing from limited samples.

Develop and maintain a database of research studies related to Hispanic aging. To supplement the kind of materials now in the University of Texas Health Science Library, the database could include unpublished theses, manuscripts, international communications, and paperback books.

Develop more sensitive measures of acculturation. Current scales focus on only one or two aspects of acculturation, such as language preference or ability to read English. In reality, acculturation is a complex process with many variables.

Utilization of Services

Hispanics' use of health services varies markedly by national origin and age. An analysis of data from the National Health Interview Survey (NHIS) indicates that Puerto Ricans and Cuban Americans see physicians much more frequently than white and black non-Hispanics, while Mexican Americans see physicians less frequently than other groups. In addition, Mexican Americans rarely see a dentist.

The NHIS data also suggest that the reason Mexican Americans use physicians less than other groups is not because they are healthier. On the contrary, Mexican Americans, mainland Puerto Ricans, and other Hispanics over the age of 45 years are considerably more likely to report acute conditions than are white non-Hispanics. In addition, Mexican Americans and mainland Puerto Ricans over the age of 65 years are more likely than white non-Hispanics to report a limitation in major and other activities, a greater number of bed disability days, and more restricted activity days.

Among Mexican Americans, utilization patterns change with age; after age 65, Mexican Americans consult physicians more than older non-Hispanics. The reason for the change is not known, but one hypothesis is that low utilization before age 65 is due to limited access to health insurance and that the increased use after age 65 is due to the availability of Medicare. (A recent study shows that 32 percent of all Hispanics have no health insurance coverage, compared to 10 percent of white non-Hispanics and 20 percent of black non-Hispanics). By the time the uninsured reach 65, they may be in poor health because of the lack of health care at younger ages, and thus need more services, which they are finally able to afford through Medicare.

Recommendations

Recommendations

Examine factors relating to Hispanics' low rates of health insurance coverage. Some research questions to explore are the relationship of coverage rates to (a) employment patterns, (b) State-by-State differences in eligibility for Medicaid, and (c) levels of awareness of Medicaid among Hispanics.



Link Medicare records to large-scale survey results. One way to obtain more epidemiologic data is to link HHANES with Medicare data. Medicare records have already been linked successfully with data from the Baltimore Longitudinal Study on Aging, and work is under way to use Medicaid records in a similar way.

Alzheimer's Disease

The prevalence of Alzheimer's disease (AD) among older Hispanics is unknown. The Epidemiologic Catchment Area projects of the National Institute of Mental Health reported a higher prevalence of cognitive impairment among Hispanic and African Americans than among other groups. However, it is not known whether current memory assessment screens are valid for cultural groups other than Euro-Anglo Americans.

AD places a particularly heavy burden on older Hispanics, because language and financial barriers often limit their access to services. The Alzheimer's Disease Research Centers (ADRCs) throughout the Nation are learning more about the disease and benefiting many non-Hispanic patients, but in the majority of cases, individuals unable to speak English or without some sort of medical coverage cannot participate.

A central recommendation is to include Hispanics in all human subject-related initiatives emanating from the NIA. Although Hispanics are being included in some clinical studies, there is a need for an overarching strategy to include Hispanic populations within the AD clinical research enterprise nationwide.

One program working toward this goal is the Spanish-Speaking Alzheimer's Disease Research Program (SSADRP), initiated in 1986 to ensure that older Hispanics be allowed to participate in Alzheimer's disease research programs, regardless of ability to speak English, years of formal education, or ability to pay. SSADRP is working to develop valid, linguistically appropriate diagnostic and survey tools for use with Hispanics and to provide Spanish-language educational materials.

Persons with possible AD enrolled in the SSADRP are primarily blue-collar workers. The mean age of onset among these people is slightly younger than that of Euro-Anglos in the Alzheimer's Disease Research Center (ADRC) at the University of Southern California (USC), and the mean number of years of education is 7 compared to 11 at USC. The average length of residence in the United States varies among SSADRP participants with possible Alzheimer's disease, but the mean is 27 years. Most have some type of medical care coverage, such as Medi-Cal or Medicare, but several have no coverage, and families are reluctant to seek it for fear of deportation. Men in the SSADRP, more often than women, are cared for by spouses; women are more likely than men to be cared for by children or grandchildren.

A wide range of biomedical questions regarding AD require study from the cultural perspective. The overarching question is whether there are ethnic differences in the "illness process," or response to the disease.



Information is also needed on the availability and cultural appropriateness of services for patients and caregivers. Hispanics' access to long-term care is of particular concern.

Research on AD among Hispanics must be designed to take into account a variety of potential confounding factors. These include literacy levels, socioeconomic status, ethno-cultural factors, race, and racial attitudes.

Recommendations

Collect epidemiologic data on AD in the Hispanic population. Basic data on the prevalence of AD among Hispanics are a priority.

Investigate the relationship of environmental and occupational risk factors to AD. For example, is age of onset earlier among blue-collar workers who may have been exposed to toxic substances?

Study the access to and appropriateness of services for Hispanic patients with AD and their caregivers.

Explore the needs of caregivers of older Hispanics with AD.

Design biomedical research that distinguishes between the disease entity and the "illness process." This would make it possible to determine whether the response to the disease differs by ethnic group.

Include Hispanic subjects in all research initiatives and in drug trials. Related to this is the need to determine the participation of Hispanics in ADRCs and ADRC satellite centers.

Develop Spanish-language diagnostic and research instruments. Needed are psychometric tools, measures of activities of daily living, and intake interviews for ADRCs and other studies.

Determine the cross-cultural validity and reliability of research tools. For example, the Mini-Mental Status Examination includes constructs that cannot be translated literally into Spanish. Care must be taken to select appropriate Spanish-language constructs for a Spanish version of this tool.

Social Supports

Most research concerning social supports has focused on the needs of older Mexican Americans and Puerto Ricans because of their numbers, poverty rates, and vulnerability. Some important issues have been assimilation, acculturation, and the breakdown of the family.

Now, however, a new research perspective is needed to reflect the changing demographic picture. A large proportion of immigrants in the last decade came from Central America and the Caribbean, as well as from Mexico. Among undocumented immigrants, an estimated 76.9 percent are Central Americans, Mexicans, and Caribbeans. Large numbers of legalized migrant workers have



“transnational families,” in which the male head of household works in the United States while his wife and children legally reside in Mexico but live in the United States for considerable periods of time.

For these groups, with one foot in this country and one in Mexico, theoretical frameworks of assimilation, acculturation, and modernization may not have much relevance. Social supports as they are seen in Mexico and other Latin American countries are likely to be continued in this country. For the majority of recent Mexican American immigrants, the family will continue to be the main social support institution.

It is important to recognize differences in family structure among subgroups. For example, among Salvadorans and Caribbean groups, marriage is not seen as a prerequisite for bearing and rearing children or establishing a family. Women assume the main responsibility for rearing and nurturing children as well as for their economic support; grandparents, on both sides, are an integral part of the caregiving network, which can include friends as well. Salvadorans do not migrate as formally defined families, but as networks, and their main social supports in the United States closely resemble their original network in El Salvador.

These groups have no notion of the human services as social supports, and will continue to rely on their own families and extended networks. Therefore, the importance of redefining the family as a key social support, with strong potential and the need for flexibility cannot be underestimated.

Issues related to long-term care for Hispanics also need attention. Research in this area should provide information for policy makers, particularly relating to health insurance coverage and employment programs.

Caregiving by family members or others is another important area for research. Most caregiving studies fail to include characteristics of the total support network and ignore caregiving issues as part of the family’s life cycle over time. The interface between formal and informal support networks needs to be explored.

Recommendations

Study relationships between older people and other family members and the influence of these relationships on health care. Specific research questions could address the strength of intergenerational ties, the continuity of responsible filial behavior, the frequency and nature of contacts between generations, family efforts to avoid institutionalization of older people, and the central role of the family in caring for noninstitutionalized older people.

Recommendations

Explore factors that affect older Hispanics’ access to health care. These factors could include access to public and private health insurance; political participation and its relationship to employment and income; market structure and its relationship to employment outcomes, the availability of employment, and problems associated with unemployment and underemployment; the meaning of persistent poverty, particularly among Hispanic women; and the participation of middle-aged and older Hispanics in job training and employment programs.

Explore factors that affect family caregiving patterns. These may include problem-solving behavioral patterns of caregivers, predictability of these behaviors in relation to behaviors of other family members, reciprocity among family members as a key element in problem solving, differences in reciprocity by specific problem-solving patterns, differences in perceptions of caregiving between the caregiver and other family members, agreement in the caregiver's and family's perception of mutually helpful problem-solving patterns as they cope with stress related to caregiving, commonality among Hispanic subgroups in problem solving related to caregiving, differences among generations in problem solving related to caregiving, predictable roles in problem solving within families in specific Hispanic subgroups.

Study the interface between formal health and human services and informal social supports among older Hispanics. Key issues are the predominance of families, rather than professionals, in providing health and human services; the compatibility of formal services with Hispanic culture; factors that influence families to reach out to formal support systems; key mediating functions of families in use of formal support systems; effects of government policies and social support programs on the family.

Intergenerational Relationships

The literature of the 1960s emphasized the strengths of the Mexican American family, but by the 1970s, researchers had started to ask whether the younger generation's acculturation to mainstream society might be weakening family ties. Testing this hypothesis, Markides's and Martin's 1983 study found that among 500 older Mexican Americans there was indeed a gap between what the older people expected and wanted from their children and what they saw the children as providing. Compared to older Euro-Anglos, elder Hispanics had more contact with their children but were less satisfied with their relationship with their children.

An 8-year follow-up study, the first major longitudinal study of older Mexican Americans, found that among the 254 surviving subjects who were examined, mean declines in measure of activity, health, and psychological well-being were rather small. Subjective age (self-reports of being young, middle-aged, old, or very old), an indicator of subjective well-being, was also examined. Mexican Americans were more likely than Euro-Anglos to report advances in subjective age from young or middle-aged to old or very old.

The effect of intergenerational relationships on the well-being of older people was further explored in a three-generation study in San Antonio, Texas. This study identified 375 family groups consisting of a grandparent, middle-aged child, and young adult grandchild, all of whom were living in the San Antonio area. Subjects were predominantly female.

This study found a great deal of reliance on family members and a high degree of reciprocity; older people were relied on by their children and vice versa. The relationship between middle-aged mothers and young adult daughters tended to be



especially strong. Parents and children considered each other the first source of help, followed by siblings, friends, and professionals, in that order.

Using measures of intergenerational support, this study found that there was an optimum level of association and reliance that tended to promote well-being. Above this optimum level, well-being appeared to decline. Studies of families in other ethnic groups have had similar findings.

These findings suggest a need to explore women's issues, including the effect of the caregiving role on middle-aged and older women's rates of depression. Widowhood also needs to be explored.

Recommendations

Determine whether there is an optimum level of intergenerational association that promotes the well-being of older parents. Several studies, in addition to the San Antonio study described above, suggest that there is a point beyond which intergenerational reliance may be detrimental to well-being. Family members upon whom others rely to a great degree may have higher-than-average rates of depression. This hypothesis needs to be tested further.

Explore women's issues, including the role of middle-aged and older women as caregivers. Questions to explore include the effects of multiple roles on women, including the effects of employment and employment combined with care of children; the number of women who work who have parents needing care and also children at home; the effects of widowhood and the interrelationships of socioeconomic status, widowhood, and depression; and scheduled versus unscheduled life transitions (for example, early widowhood).

Replicate earlier studies to learn whether and how intergenerational relationships have changed over time.

The effect of societal changes on Hispanic family relationships should be explored. Drug abuse, crime, poverty, lack of social programs, homelessness, and AIDS are all factors that may affect the family.

Include more sociological variables in epidemiological studies. For example, questions to assess social support levels and systems could yield valuable data.

Qualitative Research

Focus groups, open-ended structured interviews, ethnography, and other qualitative research methods are valuable for several purposes. They can supplement quantitative methods by offering insights into factors such as perceptions of disease, social supports, and life satisfaction, helping to ensure that quantitative methods are culturally relevant. Qualitative research can help in the design of research tools that are valid and reliable for a specific population, for example, acculturation scales for older Hispanics. Finally, it is useful in developing culturally relevant health education and promotion strategies.

Recommendations



Qualitative research is most often used to find out what people think and how they feel. Qualitative data are “quantified” when common elements and patterns are identified and become parameters for a hypothesis. The process of finding common elements and patterns is essential when establishing demonstration projects where few if any parameters of action exist.

The *Paso a Paso*/Step by Step program of the Paso del Norte Area Health Education Center in El Paso, Texas, used focus groups to plan, field test, and evaluate a health promotion program aimed at Mexican American women at risk for diabetes mellitus. The research objective in the first focus groups was to identify knowledge, attitudes, and practices that would be involved in a health education program. Focus group discussions were aimed at gathering information from the potential program participants about their perception of diabetes and their ability to control it, methods and motivations for changing lifestyles, barriers and supports to maintaining a lifestyle change, and the potential for incorporating formal health services or community services into the program’s activities.

A qualitative approach was also used to evaluate the program’s outcome. An open-ended questionnaire, administered in the group setting, focused on such key issues as perception of self, weight, exercise, and eating habits.

Recommendations

Use qualitative research to supplement quantitative methods. Qualitative research can be valuable in gaining insights into perceptions of diseases and susceptibility to diseases; perceptions of incentives and barriers to action; and various psychosocial variables such as social supports, life satisfaction, and emotional stress.

Use qualitative research to develop quantitative research tools. For example, it could be used to help develop more sensitive acculturation measures.

Use qualitative research to facilitate the search for crucial aspects of wellness and health promotion. Issues to address include the relationship between motivational strategies and increases in participation and compliance in a weight control program. Alternative strategies for increasing client participation could also be explored.

Use qualitative research to aid in the design of culturally relevant interventions and materials. For example, folk knowledge can be collected to use in the design of culturally appropriate educational materials.



Other Issues:

Barriers to Research on Older Hispanics

In various presentations and discussions, workshop participants noted that there was a shortage of bicultural researchers whose interests center on Hispanic aging and who are familiar with the process of obtaining NIA grants. Several suggestions were made for increasing their numbers.

Mentoring System

One suggestion was to establish a mentoring system, whereby senior investigators knowledgeable about NIA would bring new senior and junior investigators into the system. Senior investigators at NIA could also act as mentors for new investigators. Another component of a mentoring system could be symposia or workshops, perhaps in conjunction with other professional meetings or at regional settings or on the NIH campus. Their purpose would be to help interested investigators develop research concepts to respond to NIA's older Hispanics initiative.

Public and Private Funding

Another way to encourage new investigators could be through a combined public and private funding mechanism. Comprehensive, government-sponsored studies could be coupled with smaller initiatives that would look at specific issues and employ beginning researchers. Some of the private groups to approach include the American Geriatrics Society, the Gerontological Society of America, the American Association of Retired Persons, the Kellogg Foundation, the MacArthur Foundation, the Pew Charitable Trust, the Robert Wood Johnson Foundation, and the Macy's Foundation.

Review Panels

It was also suggested that the NIA establish a peer review panel with specific emphasis on minority issues. Persons knowledgeable in both geriatric and gerontological issues regarding Hispanics and in medical research design should have a significant role on any panel.

In addition, the peer review process could include a preliminary review, from which investigators would receive guidance on completing or revising their applications.



APPENDIX A

Participants and Agenda

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Agenda

Wednesday, February 20, 1991

9:00 a.m. - 9:15 a.m.	Welcome – Dr. Manuel R. Miranda, NIA Dr. Gene Cohen, NIA Diane Freeman, AoA Self-Introduction of Panel Members
9:15 a.m. - 10:00 a.m.	“Caregiving in Support of the Hispanic Elderly” Dr. Marta Sotomayor – NCOHA, Washington, DC
10:00 a.m. - 10:45 a.m.	“Health Promotion and the Hispanic Elderly: Use of Qualitative Research Designs” Rebeca Rannos – U.S.–Mexico Border Health Association
10:45 a.m. - 11:00 a.m.	Break
11:00 a.m. - 11:45 a.m.	“Research Initiatives in the Aged Hispanic Community: Setting the Agenda” Dr. David Espino – University of Texas Health Science Center
11:45 a.m. - 1:15 p.m.	Lunch
1:15 p.m. - 2:00 p.m.	“Assessing Alzheimer’s in the Spanish-Speaking Population” Dr. I. Maribel Taussig – University of Southern California
2:00 p.m. - 2:45 p.m.	“Hispanic Initiatives in Alzheimer’s and Related Disorders” Dr. Ramon Valle – California State University at San Diego
2:45 p.m. - 3:00 p.m.	Break
3:00 p.m. - 3:45 p.m.	“Aging and Health in the Mexican American Family” Dr. Kyriakos Markides – University of Texas Medical Branch
3:45 p.m. - 4:15 p.m.	Summary of Day



Agenda (continued)

Thursday, February 21, 1991

9:00 a.m. - 9:45 a.m.	“Developing Epidemiological Studies in the Hispanic Community” Dr. Fernando Treviño – University of Texas Medical Branch
9:45 a.m. - 10:30 a.m.	“NIA Hispanic Health and Aging Studies” Dr. Manuel R. Miranda – NIA Dr. Richard Havlik – NIA
10:30 a.m. - 10:45 a.m.	Break
10:45 a.m. - 12:00 noon	Meeting Summary
12:00 noon - 1:30 p.m.	Lunch
1:30 p.m. - 3:00 p.m.	Continued Summary if Needed

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APPENDIX B

Bibliography

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APPENDIX C

National Health and Nutrition Examination Survey

The Hispanic Oversample

The third National Health and Nutrition Examination Survey (NHANES III) began in 1988 and will be completed in 1994. It is oversampling Mexican Americans (as the largest Hispanic subgroup), older people, blacks, and children. The eligible population consists of civilian, noninstitutionalized individuals 2 months of age and older. There is no upper age limit.

From the sample frame, which included all 50 States and the District of Columbia, 88 different sites in 81 counties in 26 States were selected. Forty thousand people are in the sample. Of these, about 75 percent are expected to be examined.

Sample sizes for older Mexican Americans are shown below:

Mexican Americans Age 60 and Above

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
60-69 years	347	313	660
70-79 years	151	166	317
80 + years	61	81	142



APPENDIX D

Hispanic Health and Aging Study

Background

Currently one million older Hispanics live in the continental United States, and this number is expected to quadruple by 2020. A recent survey¹ reported that a great number of older Hispanics are living on very limited incomes and coping with poor health. Hispanic elders are much more likely to report fair or poor health, than are non-Hispanic elders. Older Hispanics average more physician visits per year, than older non-Hispanics, and they demonstrate a greater need for long-term services than do other cohorts of older people. In essence, there is a need for descriptive as well as in-depth longitudinal data on health status and its antecedent factors for older Hispanics.

Objectives and Hypotheses

The NIA Epidemiology, Demography, and Biometry (EDB) Program proposes to support, through a cooperative agreement, an epidemiologic study on the causes and course of selected health problems in older Hispanics. A sample of non-institutionalized Hispanic men and women aged 65 and older will be assessed for rates of specific diseases, impairments, and disabilities, as well as normative data on cognitive and mental status; factors affecting health status, such as weight, health habits, susceptibility to noninsulin-dependent diabetes mellitus (NIDDM); and the use of health care services. Goals for data collection shall be derived from prior hypotheses. Development of these hypotheses should include factors of Indian-Spanish genetic ratio, socioeconomic status, level of physical activity in work history, and urban versus rural differences. Applicants would develop hypotheses as part of their response.

Study Design

The Hispanic Health and Aging Study will have a longitudinal design with a baseline survey and follow-up exams over a 4-year period for mortality surveillance, ascertainment of the onset of chronic conditions, and loss of functioning. The sample will be selected from those southwestern States with the highest population of Mexican American older people.

Many of the same issues addressed in the existing Established Population for Epidemiologic Studies of the Elderly (EPESE) studies will be included with an additional effort to provide overlap with NHANES III in order to identify possible similarities and differences with national data. The importance of obesity and

¹Andrews, Jane, *Poverty and Poor Health Among Elderly Hispanic Americans: A Report of the Commonwealth Fund Commission on Elderly People Living Alone*, Baltimore, MD: the Commission, 1989.



diabetes (more common in Hispanics) and their potential effects on disability and disease will be emphasized.

The design of the study will include the normal expectations for protocol development, testing for validity and reliability, a baseline survey of 18 months, and 2-year follow-ups over a 4-year period. The estimated size of the sample is 3,000 persons. The proposed range is 65 years of age and older, with the possibility of an oversampling of women. This oversampling will permit comparisons with the EDB-sponsored Women's Aging Study to test the hypothesis that there are different rates of frailty and disability among Hispanic, black, and white women. An alternative design might also include a subgroup of high-functioning individuals. Comparisons will be with the remainder of the population as well as with participants in the MacArthur studies of successful aging. In addition, the dementia protocol being used in the EDB-sponsored Honolulu Dementia Study could be adapted for use in the Hispanic community, providing the opportunity for comparisons between the two samples. It is expected that, as a result of low educational attainment, the incidence of dementia will be higher among Hispanics, relative to other populations. A longitudinal component would provide estimates of incidence.

Relevance to NIA Program

Developing an in-depth database on the health status of older Hispanics would provide the NIA with cross-cultural data that could be compared with other ongoing NIA-supported projects. In addition, this activity would give the Hispanic research community an opportunity to identify key hypothesis-driven issues for further study.

Timetable and Plan

- FY 91 Prepare and Release RFA
- FY 92 Award and Protocol Development
- FY 93 Baseline Examination
- FY 94 Complete Baseline Exam and Analysis
- FY 95 Follow-Up Exam
- FY 96 Complete Follow-Up Exam and Analysis
- FY 97 Follow-Up Exam
- FY 98 Complete Follow-Up Exam and Analysis

Estimated Costs

FY 92	\$ 800,000
FY 93	1,200,000
FY 94	1,200,000
FY 95	1,200,000
FY 96	1,200,000
FY 97	1,200,000
FY 98	800,000
Total	\$ 7,600,000

Project Officer: Manuel Miranda, Ph.D.



Working With the Hispanic Media to Communicate Health Information to Older Hispanics

Overview and Summary of Conference July 26, 1991

Media Represented

Radio Bilingue, Fresno, California; a public radio service with a network of stations serving Spanish communities in California and a national Latino news service.

WKDM Radio, Carlstadt, New Jersey; a Spanish-language station serving the New York metropolitan region. Its Community Issues Department has three community programs a week. WKDM plays almost forty PSAs a day.

Cadena Radio Centro, Dallas, Texas; a national Spanish-language network with 24-hour programming, including some new public service programs.

La Familia de Hoy, New York, New York; a national Spanish-language magazine targeted to women with families. It is a bimonthly and is distributed through waiting rooms.

Older Hispanics, one of the fastest growing population groups in the United States, are in acute need of information about health and community services. One of the best ways to meet this need is through the mass media. A variety of television stations, radio stations, newspapers, and magazines are targeted to and reach millions of Hispanics, including older Hispanics, throughout the United States.

Recently, representatives of seven national Hispanic media outlets met at NIA to discuss media issues related to older Hispanics. Appendix A of this section contains a list of participants. The purpose of the meeting, sponsored by the NIA and the AoA, was to obtain expert advice on the best ways to work with the media to get information to older Hispanics. Discussion centered on two topics:

- The Hispanic media's priorities, concerns, and needs.
- Considerations in targeting older Hispanics.

This section summarizes the issues discussed and highlights some of the principal suggestions and ideas that emerged from the workshop.

Media Priorities and Concerns

Represented at the workshop were a range of national and regional media, both broadcast and print, (see sidebar) targeted to a variety of audiences. Despite their diversity, participants identified several common interests and concerns.

Audience preferences. Like all media, Hispanic TV, radio, and print media choose stories designed to appeal to their audiences. *La Opinion*, for example, provides Spanish-language news from Hispanic perspective to residents of the Los Angeles area; *Radio Bilingue* plans programming that appeals to and meets the needs of grass roots communities in southern California. Hispanic audiences can be segmented by generation, country of origin, and language preference.

continued next page



Health information with a Hispanic angle. Participants said that Hispanic audiences are interested in medical and health news. The Spanish-language television station *Univision* reported that medical stories generate more calls and letters than any other kind. These include calls not only from people in the target audience, but also from friends and relatives of people in the target audience. Participants said they looked to NIA for health information and story ideas.

One way to get media attention for a particular health story is to show how it relates specifically to Hispanics. Although editors and reporters might accept a press release and try to find a Hispanic slant, they would be more likely to use it if it already focused on Hispanics.

Participants reported no reluctance to air or print stories on sensitive or potentially offensive health subjects, such as urinary incontinence.

Media Represented

Univision.

Washington, D.C.; an international Spanish-language television network with 533 affiliates and a variety of family-oriented news and entertainment programs.

La Opinion.

a Spanish-language newspaper serving the Los Angeles, California area. In addition to general news coverage, it runs feature articles on issues of special interest to Hispanics.

Vista,

an English-language monthly magazine that circulates as a supplement to 22 newspapers across the country. It has recently instituted a Spanish-language section.

National Versus Local Audiences

The Hispanic media must consider the heterogeneity within the Hispanic community. Several participants said their outlets carry two kinds of features: those designed for a broad national Hispanic audience and those designed for a specific subgroup. Articles in the national magazine *La Familia de Hoy*, for example, are designed to appeal to all Hispanic women in the United States with families, but “we also give the different groups their due. We do personality profiles on people from the different groups that make up the Hispanic community in the States....” Similarly, *Univision* aims its national programming at a general Hispanic audience, but its local affiliates focus on specific groups, depending on their location. Health news and features are among those that have a general appeal.

Changing audience profiles. The changing demographic profile of Hispanics in the United States has influenced the media. *Vista*, an English-language magazine for Hispanics, recently instituted a Spanish-language section “because of this tremendous influx of Hispanics from South America who are arriving here not knowing English. They want to know English, but they still have to read something in Spanish. So, our magazine gives them a section in Spanish that will help them shift into the English.” *La Opinion* also now takes into account a growing audience of immigrants from Central America, South America, and the Caribbean, as well as its traditional Mexican American readership.

Advertising. Several participants said that advertising, though vital, was not a major force driving editorial or programming content. Instead, content determines advertisers, with each vehicle providing a very specific type of framework for a certain type of advertiser. Others, however, commented that advertisers do sometimes put pressure on publishers and producers to withdraw or modify articles or programs. Advertisers sometimes join stations in sponsoring community events. They have also been known to sponsor special health programs.



Language. The Hispanic media must deal with several issues related to language. First is the issue of Spanish versus English. Currently there may be an increasing preference for Spanish among some audiences. *Vista*'s new Spanish-language section is one case in point. In a survey of *Radio Bilingue*'s audience, a majority of those who were bilingual said they did not want more English-language programming. Participants noted that it is not only the recent influx of non-English-speaking South Americans that accounts for this trend, but also the new interest in Spanish among those who are second- or third-generation Hispanic Americans.

Translation. Another question related to language is whether and when to use a "generic" or "neutral" Spanish rather than the dialect of a specific subgroup. Several participants noted that in their general or national programming, they were careful to use a neutral Spanish.

If a press release or article is not translated well, participants said, they would prefer an English-language version to translate themselves. Well-written, original, Spanish-language material is most likely to get their attention and be used.

Format and contacts. Each outlet has its own preferences for format, and it is important to know them. "You have to sharpen your public relations skills in learning what each outlet is about and what kinds of stories interest each and every one of us and how to go about placing those stories."

Radio Bilingue and *WKDM* both reported playing many public service announcements (PSAs). Participants also expressed a definite interest in feature stories, talk show material, and other, more substantive vehicles for health information. *Cadena Radio Centro* recently instituted some public service programming and has had a very good response. Health is among the issues addressed.

In general, good graphics are always appreciated. Color transparencies for magazines and black-and-white photographs for newspapers are useful. It is also helpful when trying to place stories in Hispanic media to provide a Spanish-speaking contact for more information.

When placing PSAs, said participants, it's a good idea to telephone the public service director. Working through a Hispanic organization, such as *La Raza*, can also help.

Reaching Older Hispanics

Participants confirmed the finding of the previous NIA workshops with health and social service providers and researchers: Many older Hispanics do not know what services are available. Partly because they do not use the mainstream information channels, and partly because the information they do get, for example, Social Security information sent through the mail, is not understandable.



To get information to older Hispanics through the mass media the following factors should be considered.

Channels. Spanish-language radio and television are good ways to reach older Hispanics. Popular programs with this age group are *novelas* (soap operas), the *Univision* program *Sabado Gigante*, and radio programs that feature traditional music. The print media are probably less useful, but they have the special advantage of providing information that can be saved or passed on. Personal contact, such as through a senior center, is important. An 800 number staffed by a Spanish-speaking person could help fill the older Hispanic's need for interpersonal communication.

Message formats. Messages should be simple, graphic, and clearly focused. The best PSA messages are specific and in Spanish. More general messages concerning aging and its relationship to health could be appropriate for talk shows and feature articles.

Appeal. Programs that attract older Hispanics often have a nostalgic appeal. For example, *Cadena Radio Centro* in Dallas has a program, *Cantos de Matierra*, with high ratings among older people. It broadcasts folk music from Mexico and other parts of Latin America. Features and news on countries of origin also are popular.

Special events. Participants emphasized the need for communication at the grass-roots level, such as through health fairs, Latin festivals, and other special community events. Participants pointed out that these events could generate good media coverage. For example, *Vista* recently did a cover story on *Su Salud*, a health fair for Hispanics that takes place every year in Oakland, California. The volunteer group that sponsors the event approached the magazine and encouraged the editors to cover the story. Also of note is a trend toward media sponsorship of community events.

Spokespersons. Hispanic spokespersons can be influential, said participants. In fact, one way to get the Hispanic media's attention is to give them access to celebrity spokespersons. Names suggested were Antonia Novello, Tito Puente, Ricardo Montalban, Chi Chi Rodriguez, Anthony Quinn, Lee Trevino, Eddie Olmos, and Celia Cruz.

Sensitive subjects. Older Hispanic audiences may be offended by four-letter words, references to premarital or extramarital sex, and nudity. The word *viejos* (old people) can be offensive, especially in print. Attacks on traditions and institutions, such as the church, are likely to be resented. However, as noted above, participants said that no health subject would be taboo.



Summary

The workshop generated a variety of suggestions for working with the Hispanic media to reach older people.

- Get to know each media outlet's audience and format preferences.
- Offer health and medical information with a Hispanic angle.
- Provide well-written material in neutral, Latin American Spanish; materials in English are better than poor translations.
- Provide good graphics and illustrations.
- Make messages simple, clear, and specific.
- Place messages on programs that appeal to older Hispanics, such as *novelas* (soap operas), shows with a nostalgic appeal, and those that feature traditional music.
- Use celebrity spokespersons.
- Give priority to Spanish-language radio, then television and newspapers.
- If possible, consider supplementing mass media communications with an 800 number; older Hispanics prefer interpersonal communications.
- Create news by organizing special events at the grass roots level.



APPENDIX A

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Agenda

Thursday, July 25, 1991

9:00 a.m. - 10:00 a.m.

Welcome -

Jane E. Shure

Dr. Manuel R. Miranda

Dr. T. Franklin Williams

Diane Freeman

Facilitator and Panel Members Self-Introductions -

Enrique Herrera

Hispanic Aging: An Overview of Health Issues and

Policy Implications - Dr. Miranda

NIA Public Information Program Overview -

Ms. Shure

Purpose of the Meeting and Charge to the Group -

Ms. Shure

10:00 a.m. - 10:45 a.m.

Discussion of Information Pertaining to the

Target Audience - Participants

- Demographics
- Audience characteristics
- Publication frequency/station format
- Programming or features effective in reaching the older Hispanic audience

10:45 a.m. - 11:00 a.m.

Break

11:00 a.m. - 12 noon

Discussion of Health Communications Issues

Related to Older Hispanic Audiences - Participants

- What, if any, is your interest in health information targeting older people? What are the topics or issues of importance to your audience?
- Have you featured a successful program or campaign about older people recently? If so, can you share information about it?
- Are you familiar with other health information campaigns for older Hispanics?
- How can we serve any existing programs or services that you provide to this audience?

12 noon - 1:00 p.m.

Lunch



Agenda (continued)

Thursday, July 25, 1991

1:00 p.m. - 2:00 p.m.	Discussion (continued) – Participants
	<ul style="list-style-type: none">• Are older Hispanics and their families part of your target audience?• Would your sponsors be interested in supporting health education programs targeting older Hispanics?• Would you be willing to address sensitive health issues affecting the older population? If not, would you advise us on how to package the information to make it effective and informative?
2:00 p.m. - 2:15 p.m.	Break
2:15 p.m. - 3:00 p.m.	Discussion (continued) – Participants
	<p>How can we best package materials for your use?</p> <ul style="list-style-type: none">• Radio (live-announcer copy, reel-to-reel, deadlines).• Television (length, VHS or 3/4-inch, interview opportunities, deadlines).• Print Media (camera-ready, visuals, deadlines).• Choice of Spokesperson (local, national, celebrity, physicians, testimonials).• Language (English, Spanish).
3:00 p.m. - 3:30 p.m.	Meeting Summary – Mr. Herrera, Ms. Shure
3:30 p.m. - 4:00 p.m.	Conclusion and Adjournment – Dr. Miranda, Ms. Shure



Notes



National Institutes of Health

National Institute on Aging